

INSTITUTIONAL MEMBERSHIP

Membership Nos. _____

Valid till _____

Name of Institution _____

Address _____

Phone _____

Fax _____

Email _____

Head of Organization _____

Designation _____

Nature of Activities _____

Subject Interest _____

Contact Person _____

Designation _____

Contact Person _____

Designation _____

We hereby agree to abide by the library rules, to be responsible for materials lent to us and to pay for any item lost or damaged while in our custody.

Signature _____

Name _____

Designation _____

Official Seal

THE AMERICAN LIBRARY

38-A Jawaharlal Nehru Road, Kolkata - 700 071

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Reference Desk 3984/6399/6398, Circulation Desk 3984-6397/94

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